

Please type a plus sign (+) inside this box → +

PTO/SB/021 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number 09/944,268
Total Number of Pages in This Submission 13		Filing Date 08/30/2001
		First Named Inventor Charles R. Allen
		Group Art Unit 2856
		Examiner Name Garber, Charles D.
		Attorney Docket Number 1787-11800

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment <i>(for an application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> <i>Acknowledgement Post Card</i>
RECEIVED DEC 10 2002 TECHNOLOGY CENTER 2800		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Or Individual Name Collin A. Rose
Signature <i>Collin A. Rose</i>
Date December 2, 2002

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: December 2, 2002.

Typed or Printed Name Laura H. Ehrlich	
Signature <i>Laura H. Ehrlich</i>	Date December 2, 2002

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<p style="text-align: center;">DEC 09 2001 O I P E FEE TRANSMITTAL For FY 2002</p> <p style="text-align: center;"><i>Patent fees are subject to annual revision.</i></p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		Complete if Known																																																					
		Application Number		09/944,268																																																			
Filing Date		08/30/2001																																																					
First Named Inventor		Charles R. Allen																																																					
Examiner Name		Garber, Charles D.																																																					
Group Art Unit		2856																																																					
Attorney Docket No.		1787-11800																																																					
METHOD OF PAYMENT (Check all that apply)		FEE CALCULATION (continued)																																																					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None																																																							
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 03-2769 Deposit Account Name: Conley, Rose & Tayon, P.C.																																																							
The Commissioner is hereby authorized to: (check all that apply)																																																							
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account																																																							
FEE CALCULATION																																																							
1. BASIC FILING FEE <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th colspan="3">Fee Description</th> <th>Fee Paid</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee</th> <th>Fee</th> <th>Fee</th> <th></th> </tr> </thead> <tbody> <tr> <td>101 740</td> <td>201 370</td> <td colspan="3">Utility filing fee</td> <td>\$</td> </tr> <tr> <td>106 330</td> <td>206 165</td> <td colspan="3">Design filing fee</td> <td>\$</td> </tr> <tr> <td>107 510</td> <td>207 255</td> <td colspan="3">Plant filing fee</td> <td>\$</td> </tr> <tr> <td>108 740</td> <td>208 370</td> <td colspan="3">Reissue filing fee</td> <td>\$</td> </tr> <tr> <td>114 160</td> <td>214 80</td> <td colspan="3">Provisional filing fee</td> <td>\$</td> </tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (1)</td> <td style="text-align: right;">\$</td> </tr> </tbody> </table>								Large Entity	Small Entity	Fee Description			Fee Paid	Fee Code (\$)	Fee Code (\$)	Fee	Fee	Fee		101 740	201 370	Utility filing fee			\$	106 330	206 165	Design filing fee			\$	107 510	207 255	Plant filing fee			\$	108 740	208 370	Reissue filing fee			\$	114 160	214 80	Provisional filing fee			\$	SUBTOTAL (1)					\$
Large Entity	Small Entity	Fee Description			Fee Paid																																																		
Fee Code (\$)	Fee Code (\$)	Fee	Fee	Fee																																																			
101 740	201 370	Utility filing fee			\$																																																		
106 330	206 165	Design filing fee			\$																																																		
107 510	207 255	Plant filing fee			\$																																																		
108 740	208 370	Reissue filing fee			\$																																																		
114 160	214 80	Provisional filing fee			\$																																																		
SUBTOTAL (1)					\$																																																		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE <table border="1"> <thead> <tr> <th colspan="3">Fee from</th> <th colspan="2">Fee Paid</th> </tr> <tr> <th colspan="3">Extra Claims below</th> <th>Fee</th> <th>Fee Paid</th> </tr> <tr> <th>Total Claims</th> <td>16</td> <td>- 20**</td> <td>= 0</td> <td>x</td> </tr> </thead> <tbody> <tr> <td>Independent Claims</td> <td>3</td> <td>- 3**</td> <td>= 0</td> <td>x</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td>280.00</td> <td>=</td> <td>\$ 0.00</td> </tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (2)</td> <td style="text-align: right;">\$ 00.00</td> </tr> </tbody> </table>								Fee from			Fee Paid		Extra Claims below			Fee	Fee Paid	Total Claims	16	- 20**	= 0	x	Independent Claims	3	- 3**	= 0	x	Multiple Dependent			280.00	=	\$ 0.00	SUBTOTAL (2)					\$ 00.00																
Fee from			Fee Paid																																																				
Extra Claims below			Fee	Fee Paid																																																			
Total Claims	16	- 20**	= 0	x																																																			
Independent Claims	3	- 3**	= 0	x																																																			
Multiple Dependent			280.00	=	\$ 0.00																																																		
SUBTOTAL (2)					\$ 00.00																																																		
<table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th colspan="3">Fee Description</th> <th>Fee Paid</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee</th> <th>Fee</th> <th>Fee</th> <th></th> </tr> </thead> <tbody> <tr> <td>103 18</td> <td>203 9</td> <td colspan="3">Claims in excess of 20</td> <td></td> </tr> <tr> <td>102 84</td> <td>202 42</td> <td colspan="3">Independent Claims in excess of 3</td> <td></td> </tr> <tr> <td>104 280</td> <td>204 140</td> <td colspan="3">Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>109 84</td> <td>209 42</td> <td colspan="3">** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110 18</td> <td>210 9</td> <td colspan="3">** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (2)</td> <td style="text-align: right;">\$ 00.00</td> </tr> </tbody> </table>								Large Entity	Small Entity	Fee Description			Fee Paid	Fee Code (\$)	Fee Code (\$)	Fee	Fee	Fee		103 18	203 9	Claims in excess of 20				102 84	202 42	Independent Claims in excess of 3				104 280	204 140	Multiple dependent claim, if not paid				109 84	209 42	** Reissue independent claims over original patent				110 18	210 9	** Reissue claims in excess of 20 and over original patent				SUBTOTAL (2)					\$ 00.00
Large Entity	Small Entity	Fee Description			Fee Paid																																																		
Fee Code (\$)	Fee Code (\$)	Fee	Fee	Fee																																																			
103 18	203 9	Claims in excess of 20																																																					
102 84	202 42	Independent Claims in excess of 3																																																					
104 280	204 140	Multiple dependent claim, if not paid																																																					
109 84	209 42	** Reissue independent claims over original patent																																																					
110 18	210 9	** Reissue claims in excess of 20 and over original patent																																																					
SUBTOTAL (2)					\$ 00.00																																																		
<p><i>** or number previously paid, if greater; For Reissues, see above</i></p>																																																							
SUBMITTED BY																																																							
Name (Print/Type)		Collin A. Rose		Registration No. (Attorney/Agent)	47,036	Telephone	(713) 238-8000																																																
Signature		<i>Collin A. Rose</i>				Date	December 2, 2002																																																

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.